

The IBP Knowledge Gateway

Sharing knowledge and experience to inform and transform practice in health and development

The IBP Knowledge Gateway was originally developed by the Department of Reproductive Health and Research in collaboration with then WHO Information, Telecommunication and Technology and IBP partners between 2002 - 2004. It is an easy to use, easy to navigate electronic platform that uses adapted web-based technology to function through email to link to workspaces that support knowledge networks throughout the world.

It is a system designed to enable people who share a common purpose to exchange knowledge, information and experience, regardless of where they live and work. The Knowledge Gateway has made possible communities of practice that can link to the users' workplace around the world. Because the Knowledge Gateway uses e-mail and low-bandwidth technology, it is easily accessible in diverse settings, even where Internet access is poor.

The simplicity, adapted low bandwidth technology, e-mail capability and knowledge sharing methodologies used by the Knowledge Gateway are proving to be a best practice for supporting virtual knowledge networks around the world.

Maggie Usher-Patel
Scientist/IBP Secretariat
WHO/RHR

Beginnings of the Knowledge Gateway.

As early as mid-2002 the WHO/RHR as part of the Implementing Best Practice (IBP) Initiative was considering how an Internet-based tool could facilitate coordination and planning among the participants in the Initiative, such as consortium members, coordinating Committees, Task Teams, country team leaders and members, and mentors. To be usable by IBP participants around the world, the platform had to function in a wide variety of situations, including slow, unreliable, and expensive access to the Internet and the variety of computers and software used by a large number of different organizations.

At the same time, an IBP Task Team led by WHO/RHR/IBP Secretariat was exploring how best to contribute to closing the knowledge-to-practice gap. Many health workers lack access to the information they need, when they need it, to make informed decisions. Virtual communication tools for worldwide knowledge-sharing and communication could help close this gap and were worth exploring, the Team concluded. Over time the vision emerged of one system that achieved two goals: better access to information for those working in reproductive health and a collaborative learning environment for the sharing and exchange of knowledge and experience.

Results from the 2006 evaluation of the IBP Knowledge Gateway for Reproductive Health

82% had already used or planned to use resources or practices shared through the Knowledge Gateway in their own work.

73% had shared e-mails received through the Knowledge Gateway with colleagues or coworkers.

81% reported that participation in the Knowledge Gateway improved their own knowledge and practices.

In 2002 the WHO/RHR IBP Secretariat designed the conceptual framework and IBP partners reviewed existing electronic tools and found none that met their requirements. WHO/RHR then awarded a contract to a small firm called WA Research to develop the envisioned platform, which has become known in time as the Knowledge Gateway. Initially, WHO/RHR funded development, and the IBP partners contributed their time and expertise, particularly Johns Hopkins Bloomberg School of Public Health, Center of Communications Program, (JHU/CCP). JHU/CCP through their

INFO project and then K4H project have always been key partners in the development and use of the Knowledge Gateway. WA Research continues today to work with the WHO/RHR IBP secretariat on enhancements, technical hosting, administration and technical backup of the platform. The IBP Secretariat in collaboration with JHU/CCP/K4H supports both a programme of work to enhance the use and acceptability of the Knowledge Gateway through mentorship, training and technical support and 4 IBP Task Teams that work on different issues associated with developing Knowledge Management strategies.

The Knowledge Gateway does not require software installed on users' computers, as its chief mode of communication is e-mail, which suits how the majority of people use the Internet. Through e-mail the system links all members of each knowledge network to a virtual workspace, which automatically stores and archives all e-mails sent within that network. The workspace provides a discussion board, events calendar, announcements, the space and structure to create a library and a system to review and revise documents. People can communicate with each other by either following an e-mail thread or through the discussion board in the workspace of the community. All emails and attachments sent and received are automatically archived in the community workspace. The platform within the reproductive health community also offers rapid searches of 133 selected websites of reproductive health organizations. This selectivity improves the specificity of search results and the accuracy of the information retrieved.

Launching the IBP Knowledge Gateway.

In mid-2003 the system was pilot-tested in Geneva and three African countries—Ethiopia, Kenya and Uganda—and among several IBP partners. It also was introduced at the IBP India launch. There, a virtual community was set up for each of the participating States to test what, and how much time, is required to manage an online community. The system, with the URL of <http://my.ibpinitiative.org>, was formally launched in September 2004 at the IBP Africa regional meeting in Entebbe. The ceremony heralded the arrival of the new communication technology with an age old communication technology—drums played by local drummers.

From an initial 300 users registering to join the system, membership grew to nearly 1000 within six months. By September 2010 the IBP Knowledge Gateway for Reproductive Health had 27,482 users from over 200 countries/territories in over 500 communities. Partners, such as Jhpiego, JSI and others are supporting active virtual knowledge networks on the Knowledge Gateway to support specific technical activities, such as preservice competency-based education in low-resource settings, effective postpartum family planning and improved logistics management.

Since its launch in 2003 the IBP Knowledge Gateway for Reproductive Health has held more than 55 global discussion forums. These forums have involved thousands of participants in more than 160 countries. On average, over 60% of the participants are from developing countries.

Sponsored by IBP partners, each forum lasts between two to four weeks. All contributions to the discussions are acknowledged and technical facilitators summarize the discussion in daily and weekly digests. Forum participants receive these digests via e-mail. At the end of the discussion forum the digests are summarized into papers which can be fed back to the participants as a digest of the collective knowledge of the community and/or be used to inform policy and practice discussions. Each discussion is evaluated and participants often state their appreciation and use of the knowledge, experience and resources that are shared during the discussion forum and frequently state that they share these resources with colleagues that may not have an internet connection.

Sharing the technology and methodologies.

The IBP Knowledge Gateway soon caught the eye of others. In 2006 WHO’s IT/MIS Department adopted the system as a corporate tool for WHO under the branding of EZcollab. At the same time a crucial strategic decision was made to open the platform to other organizations and groups working in the field of health and development, who could display their own logos and designs to “brand” a space of their own on the system, customize it, launch and manage it themselves (see Figure 1).

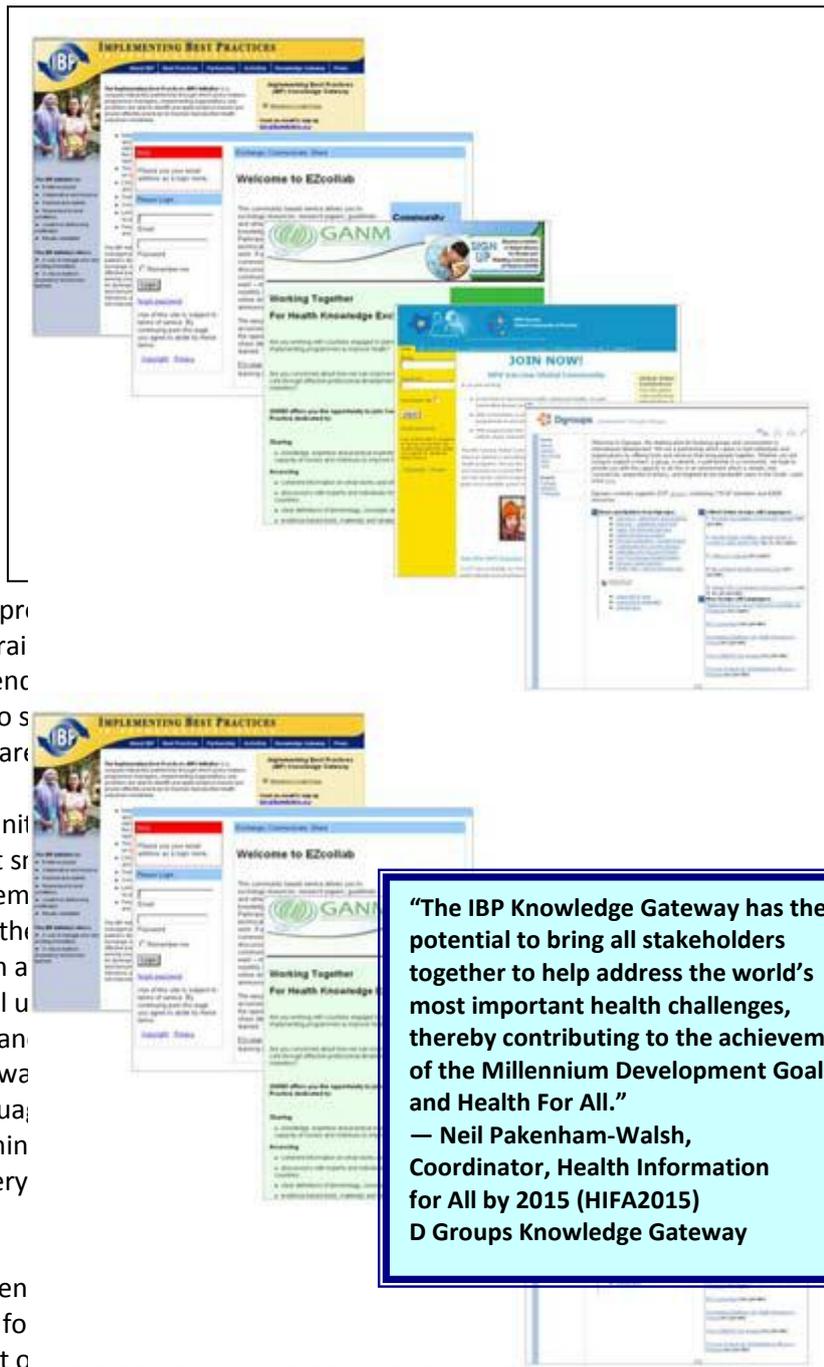
Figure 1: Organizations customize, brand, own and manage their own communities

Since then over 30 health and development organizations have set up and manage their own virtual networks, which are branded with their own name and logo. All organizations and virtual networks use the same Knowledge Gateway electronic platform and make use of the same functions, but to all appearances each “owns” its own customized space.

WHO/RHR, in collaboration with the JHU/CCP Knowledge for Health Project (K4H) and its partner team and other partners have trained knowledge networks and independent resources and tools developed to support others. This is known as the "Shared

Ownership Initiative. Through the Shared Ownership Initiative support for using the system but still with limited funding can use the system and are used to sustain and support the use of the Knowledge Gateway through a series of enhancements which benefits all users. For those who have not they have contributed financially to the initiative in the Knowledge Gateway support the use of multiple languages: Spanish, Portuguese, Russian, Chinese and English. and in 2011 a new version will be launched.

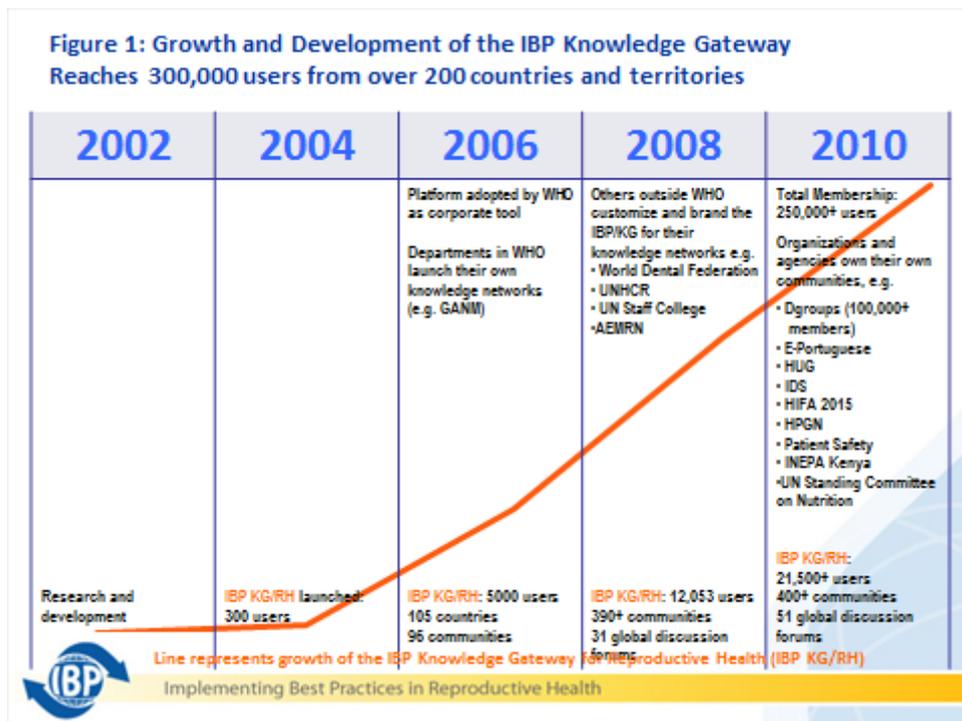
In 2006 the first of these independent communities was launched as the Global Alliance for Nursing Collaborating Centres around the world, the network supports the professional development of nurses and midwives. GANM now reaches 2773 members in 130 countries. It is an active community and supports many topic-specific subcommunities. One of the most active communities of practice has been a Spanish language community on making pregnancy safer. The



development of this community led the IBP secretariat to help establish a Latin American regional knowledge hub for nurses and midwives, supported by a WHO Collaborating Centre in Chile.

The Knowledge Gateway functions in very challenging circumstances as evidenced in the January 2010 after earthquake in Haiti, nurses and midwives working there were sending regular updates through the Knowledge Gateway. The Knowledge Gateway provided a means to share information resources and encouragement with those working in Haiti.

By far the largest group to adopt the Knowledge Gateway technology is Dgroups with over 100,000 members. Dgroups is a consortium of 23 international agencies led by the United Kingdom’s Department for International Development and the Canadian International Development Agency. Dgroups addresses a wide range of development issues. The addition of Dgroups in 2009 made the Knowledge Gateway the largest virtual networking platform in the nonprofit sector, with more than 200,000 members. By 2011 the IBP Knowledge Gateway reached over 300,000 users from every country of the world. This made it the largest virtual networking tool for health and development in the public sector in the world.



It is not the technology but the methodology that is important

WHO/RHR/ IBP Secretariat considers that the most important aspect of managing a knowledge network is not the technology but the strategies and methodologies required to establish, manage, facilitate and support an ongoing virtual network.

Assistance and training has been provided by the IBP Secretariat and JHU/CCP/K4H to set up many virtual networks and manage discussion forums. Together they have developed guidance documents and facilitator training that is provided freely to all who wish to use the IBP Knowledge Gateway.

For example, assistance has been given to establish a network involving all health professions. Their purpose is to share and exchange knowledge on how to cross professional boundaries to meet global health needs through interprofessional collaboration and education. This community

was launched in May 2010 and now reaches over 3000 users from 124 countries. They have held three major discussion forums and each one engaged over 1000 people in a lively debate that is summarised as a daily dialogue and then as technical papers that are used to inform policy and practice dialogue.

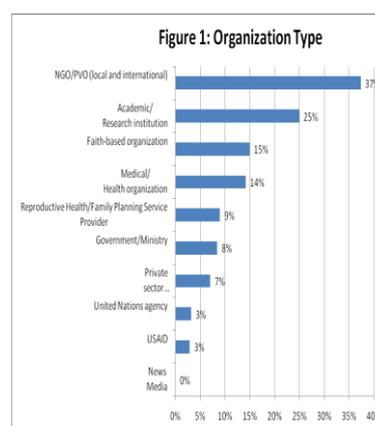
The Knowledge Gateway has by 2011 supported over 55 Global Discussion Forums. These have been summarized and are available on the IBP Knowledge Gateway website. Examples of these discussion forums are:

Networking to discuss issues and solve problems:

- A question recently posted to the Global Alliance for Nursing and Midwifery (GANM) Community about community health nurse curricula:
 - Quickly generated responses from 12 countries: Canada, Ghana, Jamaica, Kenya, Malaysia, South Africa, Portugal, Scotland, Slovenia, Switzerland, UK, USA
 - Shared existing resources and tools
 - Helped to solve a problem
 - Helped a group in Afghanistan move their programme forward without reinventing the wheel
 - Put people who are quite isolated in touch with other.

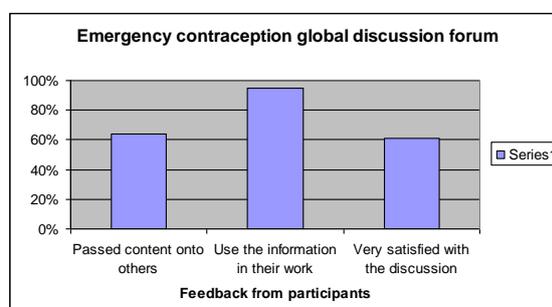
Knowledge exchange, synthesis and transfer: IBP Knowledge Gateway is proving to be a best practice

- Global Handbook for Family Planning synthesized into 14 global virtual discussion forums backed by the experts who wrote each chapter.
- Total of 6,374 people registered for the 14 forums from 94 countries, covering all regions of the world.
- 64% participants from developing countries.
- On average, participants sent 70 contributions during each day of each forum.
- Number of participants ranged from 69 in the Male and Female Sterilization forum to 980 in the Leadership for Action:



The IBP Knowledge Gateway Global discussion forums are cost-effective

- Global discussion forum on improving access to emergency Contraception reached 1124 participants from 106 countries.
- WHO/RHR through IBP Secretariat and USAID through the INFO Project/K4Health support the development of knowledge management approaches and methodologies.
- Innovative collaboration has resulted in a cost-effective tool that supports the synthesis, exchange and translation of knowledge into practice.



IBP Knowledge Gateway supports global discussion forums to inform and transform practice

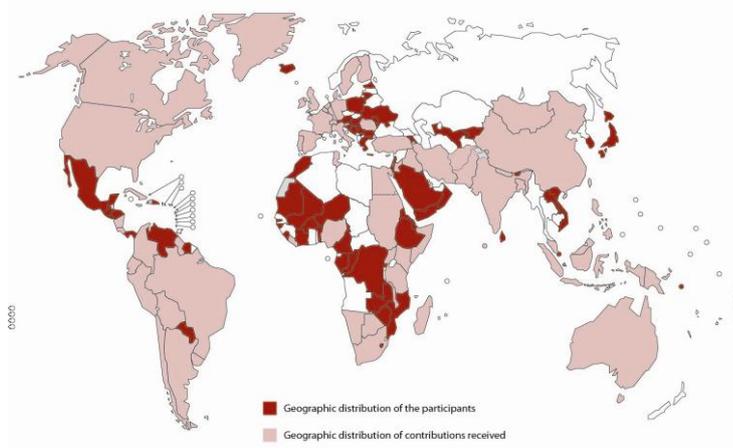
Exploring what type of maternal health guidelines WHO/RHR needs to develop

- First discussion forum (July 2010) reached 1007 participants from 136 countries.
- Second discussion forum (Sept 2010) reached 723 participants from 92 countries.
- 76% of total contributions from developing countries.
- Knowledge synthesized and used to inform technical consultative meetings at WHO.



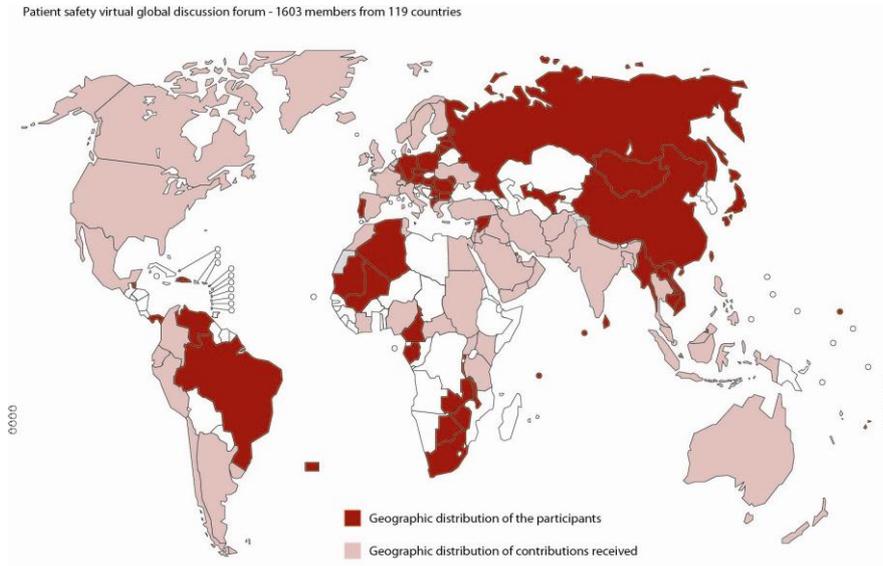
Global Alliance for Nurses and Midwives launched in 2005 has 2733 members from 157 countries and supports many active sub-communities on technically specific issues.

Global Alliance for Nursing and Midwifery (GNAM) - 2733 members from 157 countries with 1093 contributions from 80 countries



**Patient Safety Global Discussion Forum:
Global review of a multiprofessional patient safety curriculum: 1603 members from 119 countries.**

Patient safety virtual global discussion forum - 1603 members from 119 countries



What Does The Knowledge Gateway Offer – the value added

- Largest electronic virtual networking platform in the field of health and development
- Ability to brand and customize the appearance of online communities,
- Real time and virtual support to establish and maintain communities
- Common purpose of health and development
- Low resolution technology
- Ability to archive
- Send attachments
- Professional networking
- No server down-time
- Functions on a cost-sharing basis

The IBP Knowledge Gateway has many benefits since it:

- Allows participation from any location, at any time
- Makes creative use of cost-effective methods of communication
- Exposes participants to new and effective tools, resources, and practices
- Provides a venue for knowledge sharing, transfer and exchange
- Goes beyond face-to-face meetings, reaching a wider audience
- Can be consulted and viewed by a larger group of people and at other times

However the IBP Knowledge Gateway is just a tool. To be effective the use of the IBP Knowledge Gateway must be supported as part of a comprehensive knowledge management strategy designed to promote collaborative learning and improve access to and the use of information.

Maggie Usher-Patel, Scientist/IBP Secretariat, WHO/RHR, usherpatelm@who.int or magsusher@yahoo.co.uk